

hospitalization,

- c) There are strong indications that a staff member was responsible for injuries sustained by a client.
  - d) A client or his/her family has expressed concern or dissatisfaction with the care provided for the incident in question.
  - e) An injury/death has resulted from equipment malfunction.
  - f) Any other situations that in your judgment need immediate investigation by the Supervisor.
8. If an employee is injured while working their scheduled hours, they must immediately report the accident to their Supervisor or the On-Call Nurse.
  9. At this time it will be determined whether the employee remains on duty or will be excused from work.
  10. The Supervisor will arrange for coverage if the employee cannot continue working.
  11. Medical care will be arranged as necessary for injured employees by the Supervisor.
  12. The assisted living services supervisor will keep incident/accident reports in a log. They are not to be filed in the client's record.
  13. The service Coordinator of the MRC will be notified of Incident/Accident as appropriate.



EMPLOYEE INCIDENT / ACCIDENT UPDATE

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

**Please check the appropriate information:**

The employee:

1. ☐ Returned to work. Date: \_\_\_\_\_

2. ☐ Submitted physician note. Date: \_\_\_\_\_

Physician name: \_\_\_\_\_

Address: \_\_\_\_\_

- **Attach copy of note.**

3. Number of Days Missed From Work \_\_\_\_\_

4. ☐ Employee not returning to work.

Date notified: \_\_\_\_\_

Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by:

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of QA Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

UHC # 45C

Revision Date	4/01													
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Forward completed report to Assisted Living Supervisor

UTOPLA ASSISTED LIVING SERVICES, INC

## INCIDENT REPORT LOG

[illegible]



EMPLOYEE INCIDENT / ACCIDENT UPDATE

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

**Please check the appropriate information:**

The employee:

1. ☐ Returned to work. Date: \_\_\_\_\_

2. ☐ Submitted physician note. Date: \_\_\_\_\_

Physician name: \_\_\_\_\_

Address: \_\_\_\_\_

• **Attach copy of note.**

3. Number of Days Missed From Work \_\_\_\_\_

4. ☐ Employee not returning to work.

Date notified: \_\_\_\_\_

Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by:

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of QA Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

UHC # 45C

Revision Date	4/01											
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III. Activity Related to Incident / Accident:

- ☐ Handling medical or household equipment  
☐ Transferring patient  
☐ Contact with infectious patient

- ☐ Ambulating patient  
☐ Lifting or moving patient  
☐ Other \_\_\_\_\_

IV. Action Taken:

Please explain in detail – (In the case of a PPD conversion, indicate if the employee worked on any cases that the patient had a history of active TB):

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- Please note that all PPD conversions and Occupational Exposures are to be reported to the Performance Improvement Coordinator – New York, Director of Quality Improvement – Connecticut, Director of Nursing – Florida.

- V. Employee seen by a physician: ☐ Yes ☐ No  
Employee seen in Emergency Room: ☐ Yes ☐ No

Name & Address of Medical Facility: \_\_\_\_\_

Medical Findings and Recommendations: \_\_\_\_\_

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Record of Medical Tests & Follow Up (for occupational exposure only): \_\_\_\_\_

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Employee lost no time from work ☐

Employee unable to return to work ☐

HC #45B

Revision Date	12/97	4/01	2/02								
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Further comments and observations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please note:**

- All work related illnesses and injuries must be recorded on the OSHA 300 form.
- All "sharps injuries" must be recorded on the OSHA 302 form.
- All "occupational exposures" – please attach copy of written opinion by health care professional (M.D. or R.N.)
- All employees with back injuries are required to have medical clearance and evidence of inservice on prevention of back injuries prior to returning to work.
- All employees returning to work after suffering a work related illness / injury must submit a physicians note stating the employee can return to work without limitation.

Completed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director of Patient Services / Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Quality Assurance Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 (for occupational exposure only)

**\* \* This form must be completed within 5 days of the incident.**

**\* Please fax a copy of this form to the Workers Compensation representative in the corporate office – Kings Park, fax # 631 544-0525 – immediately after completion and call to confirm that it has been received.**

**Faxed to Workers Compensation representative in Kings Park – Date: \_\_\_\_\_**

**By: \_\_\_\_\_**  
**Name of person faxing document**

HC #45B

Revision Date	12/97	4/01	2/02								
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# UTOPIA ASSISTED LIVING SERVICES, INC

## Incident/Accident Report

Date/Time this report was prepared: \_\_\_\_\_ By Whom: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date/Time of Occurrence: \_\_\_\_\_

Describe in detail what happened/why it happened/what causes were/where occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of witnesses if any: \_\_\_\_\_

Was person involved injured? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please specify type and location of injury.

Type: \_\_\_\_\_ Laceration \_\_\_\_\_ Hematoma/ecchymosis  
\_\_\_\_\_ Abrasion \_\_\_\_\_ Other (specify)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor notified: \_\_\_\_\_ Date/Time \_\_\_\_\_

What corrective action has been or will be taken to prevent re-occurrence? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Follow up: \_\_\_\_\_  
\_\_\_\_\_

Staff/Employee \_\_\_\_\_

Supervisor \_\_\_\_\_

11. Nurses notes including:
  - a) Changes in status
  - b) Notification of source of medical care
  - c) Notification of family or significant other where applicable
  - d) Treatments, response to same, etc.
12. Record of medications administered including those prepoured and/or refused.
13. Documentation of coordination of services with the client, family and others involved in the Client Service Program.
14. Referrals and discharge summary if applicable.



AUDIT # \_\_\_\_\_  
SITE \_\_\_\_\_

UTOPIA ASSISTED LIVING SERVICES, INC.  
SERVICE RECORD AUDIT FORM

CONFIDENTIAL INFORMATION: Not to be filed in client record

I. CLIENT DATA:

Client #: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Disease Category: \_\_\_\_\_

Bill of Rights: Yes No Not Documented

Advance Directive: Yes No Not Documented

II. THERAPEUTIC SERVICES UTILIZED: Nursing \_\_\_\_\_ Aide \_\_\_\_\_ Other \_\_\_\_\_

III. REVIEWER'S FINDINGS:

YES NO N/A COMMENTS

A. Physician's Orders

1. Are orders signed within 30 days?

2. Are orders complete as to:

a. services provided?

b. diagnosis?

c. prognosis/rehab. potential?

d. activities permitted?

e. treatments?

f. medications?

g. diet?

h. DME?

B. Admission

1. Does the initial client assessment  
reflect the presenting situation as to:

a. diagnosis and history?

b. baseline physical assessment?

c. situation of the client?

Safety, client/family participation in care?

d. personal care and other services needed?

e. functional limitations?

f. medication flow sheet?

g. does it include prescription/non-prescription  
medications, dosage and route.

AUDIT # \_\_\_\_\_

YES   NO   N/A   COMMENTS

C. Service Plan

1. Does the plan follow the assessment of needs and the physician's orders?
2. Is the Service Plan clear on Medication Administration needs?
3. Is there evidence that the client's needs can be met in the assisted living environment?
4. Is there certification of chronic and stable?
5. Are the necessary array of services provided?
6. Are specific interventions for the Aide noted?
7. Are interventions appropriate for the problems identified?
8. Was there a delay between need for service and start of care?


Does the plan:

9. Reflect visit frequency?
10. Provide for coordination among agency and/or community services if appropriate?
11. Identify involvement of the client and/or community services
12. Provide for teaching the client and/or family members aspects of care?
13. Provide for safety monitoring and teaching?
14. Is the service plan updated to reflect an ongoing assessment of client needs?
15. Is it noted when problems are resolved?
16. Was the Nursing Service Plan reviewed every 120 days?
17. Was the Aide Service Plan reviewed every 120 days?
18. Were medications reviewed every 120 days?


D. Goals

1. Are the goals appropriate to the diagnosis and patient potential?
2. Were goals met? If not, give reason
3. Were goals evaluated and updated every 120 days?


E. Progress Notes (Clinical Visit/Multi-Discipline Notes, etc.)

Do the progress notes reflect:

1. Conferences with other disciplines?
2. Evidence that all items in the care plan were implemented or reason for lack of implementation?
3. Involvement of the client/family in the planning process and care?
4. Teaching and health guidance?
5. Client/family response to information given?
6. Utilization of community resources as appropriate?
7. MD contact to report changes in condition/give updates?
8. Client's condition and clinical course?
9. Aide Supervision documented?


F. Discharge Cases

1. Was discharge planning done?
2. Did the client and/or his family participate in planning discharge?


YES   NO   N/A   COMMENTS

3. Does the record reflect the client's condition upon discharge and the extent to which service goals were attained?
4. Was the discharge due in any way to agency limitations?
5. Were any other community resources utilized in the plans for discharge? If yes, specify
6. Does the record show the reason for discharge?
7. Summary was done and sent to physician?
8. Were there unmet goals at time of discharge? If yes, reviewer must comment.

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IV. SUMMARY

REVIEWER'S COMMENTS, RECOMMENDATIONS

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FOLLOW UP DONE

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Reviewer's Judgement regarding further action indicated:

No action indicated \_\_\_\_\_  
 Professional Advisory Committee \_\_\_\_\_  
 Supervisor/Nurse \_\_\_\_\_  
 Other \_\_\_\_\_

Signature and Title of Reviewers

Date of Review

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UTOPIA ASSISTED LIVING SERVICES, INC.

QUALITY ASSURANCE SUMMARY  
QUALITY ASSURANCE QUESTIONNAIRE

Purpose: The results of the Client Satisfaction Questionnaires are summarized

Dates: \_\_\_\_\_

number of Questionnaires: \_\_\_\_\_

Summary of Results:

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Actions Taken if necessary:

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\_\_\_\_\_  
Utopia Assisted Living Staff

\_\_\_\_\_  
Date



**Assisted Living Services, Inc.**

## WEEKLY REPORT

**SITE:** \_\_\_\_\_

**WEEK ENDING:** \_\_\_\_\_

**CENSUS:** \_\_\_\_\_

**ADMISSIONS:** \_\_\_\_\_

**DISCHARGES:** \_\_\_\_\_

**CASE CONFERENCES:** \_\_\_\_\_

**MRC COMPLIANT WITH  
PROVISION OF CORE SERVICES:**

☐ YES☐ NO

**Resident Service Coordinator**

Supervisor of Assisted Living Services

Annual Quality Assurance Program Summary

\_\_\_\_\_  
Year Reviewed

I.

A) Program Evaluation:

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B) Assessment/Referral Criteria:

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C) Service Records/Client Record Review:

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D) Evaluation of Client Satisfaction:

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E) Personnel Qualifications:

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F) Standards of Care:

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G) Professional Issues:

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III. Actions Taken:

Respectfully Submitted,

Susan M. Lutes RN, SALSA

                      
Date



# UTOPIA ASSISTED LIVING SERVICES, INC.

## POLICY AND PROCEDURE

### Confidentiality and Maintenance of Client Service Records

#### **DEFINITIONS:**

Utopia Assisted Living Services , Inc.

MRC - Managed Residential Community

Assisted Living Supervisor - Supervisor

#### **POLICY**

Utopia Assisted Living Services Staff and interdisciplinary team members provide confidentiality for clients and client service records. Agency staff take all necessary measures to protect client records from loss, destruction or alteration.

#### **PURPOSE**

To provide guidelines for Utopia Assisted Living Services staff and operations in the protection of a client's right to privacy and the protection of client service records from loss, alteration, unauthorized use, or damage.

#### **DISCUSSION**

Information concerning clients is strictly confidential and must not be discussed with unauthorized persons either inside or outside Utopia and the MRC.

#### **PROCEDURE**

##### **1) ACCESS**

- a) Personnel having access to the client's service record shall include those directly involved with the client's care such as nurses, therapists, medical social workers, their supervisors, the attending physician, Medical Record staff and Quality Assurance professionals responsible for maintaining the record.
- b) Professional personnel not directly involved with the client's care are not permitted access to the client's service record without a completed and signed Release of Information allowing such access.
- c) Telephone requests for access to client information by professional personnel directly involved with the client's care are referred to the Supervisor of Assisted Living Services.

- d) Governmental and private agencies and individuals are permitted access to client information regarding health insurance claims in the light of current rules and regulations of the Social Security Administration regarding the disclosure of such information.
- e) Requests for information about a Medicare beneficiary, a Medicare claim, or other related information that may not be disclosed are referred to the Supervisor.

## **STORAGE**

Client Service Records are kept in a locked storage area.

## **RELEASE**

1. With the Supervisor's approval, appropriate copies of client clinical records may whenever necessary be taken by Utopia staff members to the client home in order to assist the staff members in providing care to the client. All records are returned to the record area before the close of each business day.
2. Service Records are to be used in the clinical office area for the purpose of documentation or reference. The Supervisor of nurse will assure that records are returned to the storage area after use.
3. The Medical Record is not to be placed in an unattended area and/or areas accessible to unauthorized individuals.
4. All Utopia employees must sign a Non-disclosure of Confidential Information Statement.

## **RETENTION**

All client service records, originals or copies, shall be preserved for at least seven (7) years following the death or discharge of a client from Utopia.

In the event that the agency discontinues operation, these records shall become the property of the owner until such time as the mandatory seven year period has lapsed. Once the seven year period has lapsed, the records will be purged and destroyed in such a manner as to not destroy the client's confidentiality, such as shredding or burning.

UTOPIA ASSISTED LIVING SERVICES, INC.

RELEASE OF INFORMATION REQUEST

This release is intended to operate as a general authorization for the release of medical, psychiatric, drug and/or alcohol abuse information and information related to HIV or AIDS.

I, \_\_\_\_\_, hereby grant  
permission to Utopia Assisted Living services, Inc. to release: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client or Authorized Representative Signature

\_\_\_\_\_  
Date

Relationship to client if client did not sign \_\_\_\_\_. If this form  
has not been signed by the client, please state the signer's name, relationship to the  
patient and if necessary, explain why the patient did not sign.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization shall expire 2 years after the date of the signature or 2 years after  
discharge, whichever is later.

# **UTOPIA ASSISTED LIVING SERVICES, INC.**

## **POLICY AND PROCEDURE**

### **Access to Client Service Records**

#### **PURPOSE:**

To provide guidelines for Utopia Assisted Living Services staff when a client requests to see his/her Client Service Record.

#### **POLICY:**

As defined in the Client Bill of Rights, the client has a right to have access to his/her Client Service Record.

1. Inquiries from clients requesting to view their Service Records are referred to the Supervisor of Assisted Living Services (Supervisor).
2. The Supervisor or designee must be present when a service record is viewed. Preferably the Supervisor of Utopia RN where indicated will be present.
3. If a patient desires copies of anything in the record they must sign a release.
4. At no time is the Service Record left unattended with a client or other party.
5. The Supervisor arranges an appointment with the client to come into the Agency office. If the client cannot come to the office, having the Supervisor and nurse visit the client at his/her place of residence will be considered.
6. Any party other than the client, including family members must have a release of information signed by the client.
7. The Client Access to Service Record Documentation Form is explained to the client.
8. The form is signed by the patient and representatives of the agency as indicated on the form and placed in the Service Record.
9. As the record is reviewed, the agency staff clarifies entries as necessary for the client.
10. At the conclusion of the review an entry is made by the Supervisor or designee on the Multi-discipline Sheet that \_\_\_\_\_ (name) was given access to their Service Record as per agency policy. The date and time of the review, plus the names of agency staff, client representatives, family members present are also noted.

**UTOPIA ASSISTED LIVING SERVICES, INC.**

Client Access to Service Record Documentation Form

I, \_\_\_\_\_, have requested access to my Service Record per agency policy. I give permission for the following individuals to view my record with me:

Name	Relationship
------	--------------

Name	Relationship
------	--------------

Client/Representative Signature	Date
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If client is unable to sign, state reason: \_\_\_\_\_

Utopia Assisted Living Services Staff	Title	Date
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Utopia Assisted Living Services Staff	Title	Date
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## CLIENT'S EVALUATION QUESTIONNAIRE

Dear Client: Our staff strives to provide quality care for our clients. We would sincerely appreciate your completing this questionnaire to let us know if you have received quality home health care services. Your reply will be held in strict confidence and will be used to assess how well we provided care to you. Please complete and return this form to us. Thank you for your assistance in our efforts to continually improve our performance.

Please check the appropriate boxes below to indicate how you personally rate the quality of services provided by Utopia Assisted Living, Inc.	Excellent	Very Good	Good	Fair	Poor
Office personnel were courteous, helpful and efficient					
Supervision by our Nurse					
The aide/nurse was prompt in reporting to work					
The aide/nurse competently demonstrated her skills & expertise					
The aide/nurse was courteous					
The aide/nurse was adequately groomed and dressed					
Staff promptly and adequately responded to my needs, concerns and problems.					
Office staff kept me informed about the financial status of my bill for your services.					
What overall rating would you give Utopia Assisted Living?					

Types of services provided to me.

☐ Assisted Living Aide ☐ Therapist ☐ Nurse

Length of time services were received from Utopia:

☐ 1-60 days ☐ 60-120 days ☐ 4-12 months ☐ over 12 months

Would you recommend Utopia to a friend or relative?

☐ Yes ☐ No

Would you allow Utopia to give your name as a referral source to future clients?

☐ Yes ☐ No

Additional comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you wish, this form can be returned anonymously.  
LHC # 95A-CF (Rev. 8/01)

<input type="checkbox"/> Bethel	<input type="checkbox"/> Hamden	<input type="checkbox"/> Stamford	<input type="checkbox"/> Marvin	<input type="checkbox"/> Ridgefield
<input type="checkbox"/> Bristol	<input type="checkbox"/> Hartford	<input type="checkbox"/> New Haven	<input type="checkbox"/> Orange	<input type="checkbox"/> Vernon
<input type="checkbox"/> Glastonbury	<input type="checkbox"/> Middletown	<input type="checkbox"/> Ludlow Commons	<input type="checkbox"/> Pomfret	<input type="checkbox"/> Tower One-East



## WEEKLY REPORT

**SITE:** \_\_\_\_\_

**WEEK ENDING:** \_\_\_\_\_

**CENSUS:** \_\_\_\_\_

**ADMISSIONS:** \_\_\_\_\_

**DISCHARGES:** \_\_\_\_\_

**CASE CONFERENCES:** \_\_\_\_\_

**MRC COMPLIANT WITH  
PROVISION OF CORE SERVICES:**

☐ YES☐ NO

**Resident Service Coordinator**

**Supervisor of Assisted Living Services**

Annual Quality Assurance Program Summary

\_\_\_\_\_  
Year Reviewed

I.

A) Program Evaluation:

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B) Assessment/Referral Criteria:

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C) Service Records/Client Record Review:

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**D) Evaluation of Client Satisfaction:**

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**E) Personnel Qualifications:**

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**F) Standards of Care:**

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**G) Professional Issues:**

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## EXHIBIT 9

### Supportive Services Plan

- (d) *The monthly individual rate for board and supportive services for the ALF listing the total fee and components of the total fee for the items required by State or local licensing AND list the appropriate rate for any optional services you plan to offer ALF residents. Provide an estimate of the total annual costs of the required board and supportive services you expect to provide and an estimate of the amount of optional services you expect to provide.*

Assisted living services are primarily provided by two funding sources as indicated in Exhibit 9 (e).

Assisted living services are paid for by the State of Connecticut Department of Social Services (DSS) through the Connecticut Home Care Program for the Elderly (CHCPE) or through the Money Follows the Person Program (MFP) for those residents who meet the state Medicaid financial and clinical criteria, and those residents who meet the State of Connecticut financial and clinical criteria. **In addition, please see the attached letter from the Department of Social Services, Money Follows the Persons Demonstration Office indicating their commitment to work with HUD and Tower One to provide payment for assisted living services.**

Assisted living services are subsidized by the State of Connecticut Department of Economic and Community Development (DECD) for those residents who meet the clinical criteria for assisted living services and are over income to qualify for DSS payment. Attached is the agreement between Tower One and DECD.

Residents who are over income for all of the above payer sources may private pay for assisted living services or utilize a long-term care insurance policy.

DECD - Assisted Living Program  
Basic Services Rate = \$ 1,078 per month  
MFP - Assisted Living Services  
Basic Service Rate = \$2,250

### Items Included in Basic Services Rate

- Supervision of and assistance with ADL's up to 7 days a week
- Supervision of and assistance with IADL's on a scheduled and as needed basis
- Medication Management Plan
- Individual Emergency Response pendant or bracelet
- Coordination, implementation, and updates of a service plan by the Service Coordinator
- Development of an Admission Plan
- Basic program activities (some special activities may require an additional fee)
- Education, information, and programs as provided by our supportive services coordinator
- Three meals per day (residents pay privately)

### II. ALF for Private Pay - Please see the attached Ala Carte Fees.

Residents can purchase the following services on an as needed basis through the approved ALSA provider:

- ALSA Aide and nursing Services
- Homemaker Services
- Chore Services
- Case Management Services
- Personal Emergency Response System
- Development of an Admission Plan
- Basic program activities (some special activities may require an additional fee)
- Education, information, and programs as provided by our services coordinator

Attached please find Utopia Assisted Living Service Agency's fee schedule and the State of Connecticut approved Assisted Living Services package rates. Also, please see attached budget for supportive services.



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

June 16, 2008

Ms. Dorothy Giannini-Meyers  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

The Department of Social Services, Money Follows the Persons Demonstration Office (MFP) is in receipt of the Tower One HUD Assisted Living Conversion Program (ALCP) Application. The application describes Tower One's plan to convert 18 of their 196 units to accessible assisted living units. MFP fully supports this proposal.

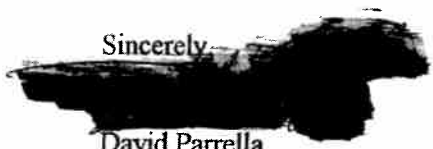
Increasing the number of assisted living units in the State is a key component of the MFP housing strategy. This strategy was detailed in the MFP Operational Protocol recently submitted to The Centers for Medicare and Medicaid Services. Successful implementation of this strategy is critical if Connecticut is to rebalance its long term care system. The increase in the number of assisted living units, more specifically ALCP conversions, provides expanded opportunities for persons living in subsidized housing to 'age in place' with access to needed services. In addition, the increase provides expanded housing options for persons currently living in nursing homes who would like to live in a less restrictive environment.

If awarded, MFP will form a strategic partnership with Tower One's ALCP project. While Tower One could provide a needed housing option to persons transitioning from nursing homes under MFP, MFP could provide the needed service dollars. Persons choosing Tower One as their housing of choice under MFP would be eligible for up to \$75 per day in assisted living services based on their individual level of need. Assisted living services offered include personal care, homemaker, chore, companion, medication oversight, periodic nursing evaluation, transportation as specified in the care plan, therapeutic social and recreational programming, and 24 hour on-site response staff. This project provides an excellent opportunity to coordinate Federal dollars directed towards housing with home and community based service dollars. While MFP partnership at a local level would be with Tower One, at a State level this proposal represents a partnership between HUD and MFP.

Lack of affordable, accessible housing is a key barrier to successful rebalancing efforts in the State of Connecticut. The Tower One proposal represents an important step towards addressing the housing barrier. If funded, up to 18 persons who are currently institutionalized would have the choice to live in the community.

Connecticut's Department of Social Services' MFP office fully supports the Tower One proposal and looks forward to a successful partnership with both HUD and Tower One.

Sincerely,



David Parrella

Director, Medical Care Administration

DP:dl:s

c: Suzanne Piacentini, Director, Multifamily Program Center  
Dawn Lambert, Project Director, Money Follows the Person Rebalancing Demonstration



Joan McDonald  
Commissioner



State of Connecticut  
Department of Economic and  
Community Development

June 9, 2008

Ms. Dorothy Giannini-Meyers, President  
New Haven Jewish Federation  
Tower One/Tower East  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

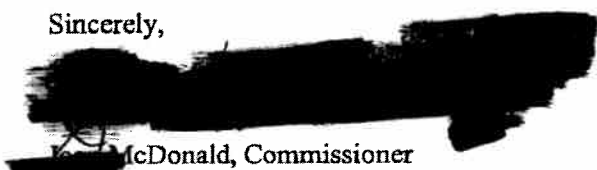
RE: Assisted Living in Federal Facilities (ALFF); Letter of Support

This letter is intended to indicate this Department's support for your organization's efforts to apply to the U.S. Department of Housing and Urban Development for Assisted Living Conversion funds. Please use this letter as an indication of our support for this application.

In accordance with the provisions of Section 8-206e of the Connecticut General Statutes, the Department of Economic and Community Development, in concert with the Department of Social Services (DSS) and the Office of Policy and Management, has provided a grant for the period July 1, 2008 through June 30, 2009 to subsidize the cost of providing assisted living services to eligible residents of Tower One/Tower East through the state-funded Assisted Living in Federal Facilities (ALFF) program. In addition, this award has provided your organization with access to the Department of Social Services' Connecticut Home Care Program for Elders (CHCPE), which allows for the reimbursement of the cost of assisted living services to residents otherwise eligible under that program. Pending final budgetary action by the State Legislature, it is this Department's intention to continue to fund this activity for the fiscal year to follow.

DECD is pleased that you and your organization are interested in providing services for the growing needs of the State's aging citizens.

Sincerely,

  
Joan McDonald, Commissioner

MCS

## EXHIBIT 9

### Supportive Services Plan

- (e) *List who will pay for the board and supportive services, e.g., \$\_\_\_ for meals by sponsor, \$\_\_\_ for housekeeping services by city government; \$\_\_\_ for personal care by State Department of Health; \$\_\_\_ for \_\_\_ by state \_\_\_ program; \$\_\_\_ in fees by tenants; and, \$\_\_\_ by \_\_\_.*

*The amounts and commitments from both tenants and/or providers must equal the estimated amounts necessary to cover the monthly rates for the number of people expected to be served. If you include tenant fees in the proposal, list and show any proposed scaling mechanism. All amounts committed/collected must equal the annualized cost of the monthly rates calculated by the expected percentage of units filled.*

**Attached please find the budget for the Supportive Services**



State of Connecticut  
Department of Economic and  
Community Development

August 17, 2007

Ms. Dorothy Giannini-Meyers  
President  
New Haven Jewish Federation  
Tower One/Tower East  
18 Tower Lane  
New Haven, CT 06519

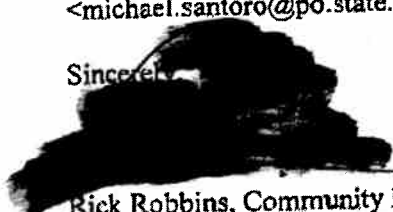
Dear Ms. Giannini-Meyers:

**Re: Assisted Living in Federal Facilities (ALFF)**

Enclosed for your records are fully executed copies of the revised Exhibit A, the Cost Estimate for the Assisted Living Facilities (ALFF). This award made to the New Haven Jewish Federation Housing Corporation will cover the fiscal year July 1, 2007 through June 30, 2008. Please keep this document on file with your Master Assistance Agreement.

If you have any questions, please contact Michael Santoro at (860)270-8171 or by email at <michael.santoro@po.state.ct.us>.

Sincerely,

  
Rick Robbins, Community Development Administrator  
Compliance Office and Planning/Program Sur- rt

Enclosures

cc: Kathy Bruni, DSS

ALFF-100  
Rev. 1/01

EXHIBIT A

RECEIVED

Contract No. 2001 093 008 035 0001H 2007 AUG 17 AM 11:05

ASSISTED LIVING IN FEDERAL FACILITIES COST ESTIMATE

Budget Period: July 1, 2007 to June 30, 2008

Project Name: Tower One/Tower East  
Project #: 2001 093 008

Sponsor Name: New Haven Jewish Community Council Housing Corporation

Sponsor Address: Tower One/Tower East, 18 Tower Lane, New Haven, CT 06519

Number of Units 60 Number of Tenants 60

In accordance with Public Act 00-2 of the June, 2000 Special Session of the Connecticut General Assembly, under the program known as Assisted Living in Federal Facilities (ALFF), the New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) submits for the approval of the Commissioner of the Department of Economic and Community Development this cost estimate containing a schedule of assisted living service charges to be provided to tenants, as specially set forth on page 2.

The New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) herewith submits this proposed cost estimate to the Commissioner and agrees that upon approval of this document it shall become part of Contract # 2001 093 008 035 0001 between the New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) and the State of Connecticut.

The New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) stipulates that it will administer the program within the amounts set forth in this cost estimate as set forth herein.

Signed: \_\_\_\_\_

Date: August 17, 2007

Duly Authorized \_\_\_\_\_

Deborah G. Gennaro, Mayor

New Haven Jewish Community Council Housing Corporation (Sponsor/Owner)

Reviewed &  
Recommended:

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Signed: \_\_\_\_\_

Date: 8/17/07

Supervisor \_\_\_\_\_

Approved: \_\_\_\_\_

Date: 8-17-7

Community Development Administrator for the Commissioner

Effective Date: July 1, 2007



ALFF-100  
Rev. 1/01

EXHIBIT A

RECEIVED

Contract No. 2001 093 008 035 0001H 2007 AUG 17 AM 11:05

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Budget Period: July 1, 2007 to June 30, 2008

Project Name: Tower One/Tower East  
Project #: 2001 093 008

Sponsor Name: New Haven Jewish Community Council Housing Corporation

Sponsor Address: Tower One/Tower East, 18 Tower Lane, New Haven, CT 06519

Number of Units 60 Number of Tenants 60

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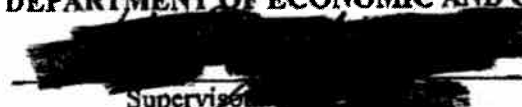
Signed: 

Date: August 17, 2007

Duly Authorized Dorothy Giannini, Mayor


New Haven Jewish Community Council Housing Corporation (Sponsor/Owner)

Reviewed & Recommended: DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Signed: 

Date: 8/17/07

Supervisor

Approved: 

Date: 8-17-07

Community Development Administrator for the Commissioner

Effective Date: July 1, 2007

ALFF-100, Page 2  
Rev. 1/01

**COST ESTIMATE**  
**ASSISTED LIVING IN FEDERAL FACILITIES (ALFF)**  
**Contract No. 2001 093 008 035 0001 H**

9004	Assisted Living Services, per estimates below	<u>\$384,000</u>
9005	Initial Assessment for Eligibility	<u>\$3,000</u>

<b>TOTAL ASSISTED LIVING SERVICES</b>	<b>\$387,000</b>
---------------------------------------	------------------

**ASSISTED LIVING SERVICES RATES:**

<b>Level One</b>	<b>Occasional Personal Services 1 to 3.75 hrs per week</b>	<b>27.33</b>	<b>Daily</b>
		<b>831.29</b>	<b>Monthly</b>
<b>Level Two</b>	<b>Limited Personal Services 4 to 8.75 hrs per week</b>	<b>42.27</b>	<b>Daily</b>
		<b>1,285.71</b>	<b>Monthly</b>
<b>Level Three</b>	<b>Moderate Personal Services 9 to 14.75 hrs per week</b>	<b>57.79</b>	<b>Daily</b>
		<b>1,757.78</b>	<b>Monthly</b>
<b>Level Four</b>	<b>Extensive Personal Services 15 to 25 hrs per week</b>	<b>73.19</b>	<b>Daily</b>
		<b>2,226.20</b>	<b>Monthly</b>

Note: Monthly rate includes personal services and nurse supervision, including all payroll taxes, fringe benefits and all administrative costs. In addition, services beyond the level provided under the core services are included, example: additional housekeeping, laundry or preparation of meals.

**Projected requirement for Assisted Living Services:**

Total Tenant Population	<u>193</u>
Estimated Number Eligible for ALSA	<u>100</u>
Estimated Number Eligible for DECD Program	<u>60</u>

<u>Level</u>	<u>No. of Tenants</u>	<u>Monthly Rate</u>	<u>Annual</u>
Level One	40	\$500	\$240,000
Level Two	20	\$500	\$120,000
Level Three	2	\$500	\$12,000
Level Four	2	\$500	\$12,000
<b>Total DECD Tenants</b>	<b>64</b>	<b>TOTAL DECD ALSA</b>	<b><u>\$384,000</u></b>

**Calculation of Maximum Allowable DECD Subsidy:**

No. Tenants	64	Maximum Per Month	\$500	\$384,000
No. Tenants	15	Assessment (Turnover)	\$200	\$3,000

<b>Total Maximum Award</b>	<b>\$387,000</b>
----------------------------	------------------

**ASSISTED LIVING SERVICE RATES (CHCPE)\***  
**FOR PARTICIPATING STATE-FUNDED CONGREGATE AND HUD FACILITIES USE ONLY**  
**EFFECTIVE JULY 1, 2007 TO JUNE 30, 2008**

Level	Defined	Number of Hours Per Week	Average No. Hrs.	<u>DAILY</u>
One	Occasional	1 to 3.75 hrs. a week of Personal Service	2.50	23.78
		Plus Nursing Visits	0.25	4.37
		RATE (Includes all administrative costs & overhead)		\$28.15 TOTAL
		In addition: \$4.37 per day for core services is available IF an individual care plan requires a client to receive services beyond the level provided under the congregate or HUD core services; for example, additional supplemental services: housekeeping, laundry or preparation of meals.		

Level	Defined	Number of Hours Per Week	Average No. Hrs.	<u>DAILY</u>
Two	Limited	4 to 8.75 hrs. a week of Personal Service	6.00	39.17
		Plus Nursing Visits	0.50	4.37
		RATE (Includes all administrative costs & overhead)		\$43.54 TOTAL
		In addition: \$4.37 per day for core services is available IF an individual care plan requires a client to receive services beyond the level provided under the congregate or HUD core services; for example, additional supplemental services: housekeeping, laundry or preparation of meals.		

Level	Defined	Number of Hours Per Week	Average No. Hrs.	<u>DAILY</u>
Three	Moderate	9 to 14.75 hrs. a week of Personal Service	11.00	55.16
		Plus Nursing Visits	0.75	4.37
		RATE (Includes all administrative costs & overhead)		\$59.53 TOTAL
		In addition: \$4.37 per day for core services is available IF an individual care plan requires a client to receive services beyond the level provided under the congregate or HUD core services; for example, additional supplemental services: housekeeping, laundry or preparation of meals.		

Level	Defined	Number of Hours Per Week	Average No. Hrs.	<u>DAILY</u>
Four	Extensive	15 to 25 hrs. a week of Personal Service	20.00	71.02
		Plus Nursing Visits	1.00	4.37
		RATE (Includes all administrative costs & overhead)		\$75.39 TOTAL
		In addition: \$4.37 per day for core services is available IF an individual care plan requires a client to receive services beyond the level provided under the congregate or HUD core services; for example, additional supplemental services: housekeeping, laundry or preparation of meals.		

**DSS/CHCPE** Initial assessments are performed by Access Agencies under contract with the DSS/CHCPE. Once the assessment is performed, the ALSA will develop a plan of care and determine the client's service level. No additional reimbursement beyond the Service Level Rate is provided to the ALSA for developing the plan of care. Additional services allowed are: Emergency Response System (ERS) and Mental Health Counseling.

**DECD PROGRAM** For DECD Program: ALSA performs assessments. The monthly subsidy for DECD clients is capped at \$500.00. Any additional costs for DECD clients, up to the full monthly cost of services, must be paid by the tenant. No additional reimbursement/services allowed under DECD Program. Certain HUD Facilities do not offer the DECD Program.

**Cost Worksheet**  
**Effective 12-1-2007**

**DSS / DECD / PP / DEMO**

	<b><u>Per Day</u></b>	<b><u>Annualized</u></b>
Level One (Occasional):	\$23.78	\$723.31
Level Two (Limited):	\$39.17	\$1191.42
Level Three (Moderate):	\$55.16	\$1677.78
Level Four (Extensive):	\$71.02	\$2160.19
Core:	\$4.37	\$132.92
Level Four (HTC Demo ONLY):	\$69.01	\$2099.05
Core (HTC Demo ONLY):	\$8.57	\$260.67

**SMITHFIELD GARDENS**

	<b><u>Per Day</u></b>	<b><u>Annualized</u></b>
Level One (Occasional):	\$26.78	\$814.56
Level Two (Limited):	\$42.85	\$1303.35
Level Three (Moderate):	\$58.92	\$1792.15
Level Four (Extensive):	\$69.63	\$2117.91
Core:	\$8.57	\$260.67

**PERS**

PERS Installation (one time only fee):	\$33.98
PERS Ongoing (monthly):	\$56.63

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Mental Health Counseling In-Home	\$52.67
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- Admission Fee of \$200.00 (one time only) required on date of admission (Private Pay).
- One month (Annualized) deposit required on date of admission (Private Pay).
- Services billed monthly; Due and payable upon receipt.
- Monthly rates may vary based on the number of days serviced per month.
- Rates may vary annually according to Utopia Assisted Living Services, Inc.

Revised	08/2005	12/2005	02/2006	05/2006	06/2006	03/2007	11/2007
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# Assisted Living Conversion Program Supportive Services Budget

Revenue

## MEALS SERVICES REVENUE

Resident Contribution (Private Payments)	\$ 58,752.00
Federal Grant	\$
State Program	\$
Private Grant Donations	\$
<b>Total Revenue - Meals</b>	<b>\$ 58,752.00</b>

## HOUSEKEEPING AND PERSONAL CARE SERVICES REVENUE

Resident Contribution (Private Payments)	\$ 120,000.00
State Program - DECD	\$ 126,560.10
ALSA - DSS	\$ 140,933.80
Private Grants/Donations	\$ -
<b>Total Revenue - Housing and Personal Care Services</b>	<b>\$ 387,493.90</b>

**TOTAL: ASSISTED LIVING SERVICES  
REVENUE** **\$ 446,245.90**

Expenses

## MEALS EXPENSES

Total Food Cost (raw food and labor)	\$ 58,752.00
<b>Total Expenses - Meals</b>	<b>\$ 58,752.00</b>

## HOUSEKEEPING AND PERSONAL CARE SERVICES EXPENSES

Salaries & Benefits	\$ 359,950.00
Monitoring/Alarm Systems (Life line)	\$
<b>Total Expenses - Housekeeping and Personal Care Services</b>	<b>\$ 359,950.00</b>

## MISCELLANEOUS SERVICES EXPENSES

Supplies	\$ 10,000.00
Transportation	\$ 5,000.00
Activities	\$ 10,000.00
<b>Total Expenses - Miscellaneous Services</b>	<b>\$ 25,000.00</b>

**TOTAL: ASSISTED LIVING SERVICES  
EXPENSES** **\$ 443,702.00**



Joan McDonald  
Commissioner



State of Connecticut  
Department of Economic and  
Community Development

June 9, 2008

Ms. Dorothy Giannini-Meyers, President  
New Haven Jewish Federation  
Tower One/Tower East  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:


RE: Assisted Living in Federal Facilities (ALFF); Letter of Support

This letter is intended to indicate this Department's support for your organization's efforts to apply to the U.S. Department of Housing and Urban Development for Assisted Living Conversion funds. Please use this letter as an indication of our support for this application.

In accordance with the provisions of Section 8-206e of the Connecticut General Statutes, the Department of Economic and Community Development, in concert with the Department of Social Services (DSS) and the Office of Policy and Management, has provided a grant for the period July 1, 2008 through June 30, 2009 to subsidize the cost of providing assisted living services to eligible residents of Tower One/Tower East through the state-funded Assisted Living in Federal Facilities (ALFF) program. In addition, this award has provided your organization with access to the Department of Social Services' Connecticut Home Care Program for Elders (CHCPE), which allows for the reimbursement of the cost of assisted living services to residents otherwise eligible under that program. Pending final budgetary action by the State Legislature, it is this Department's intention to continue to fund this activity for the fiscal year to follow.

DECD is pleased that you and your organization are interested in providing services for the growing needs of the State's aging citizens.

Sincerely,

  
Joan McDonald, Commissioner

MCS



State of Connecticut  
Department of Economic and  
Community Development

August 17, 2007

Ms. Dorothy Giannini-Meyers  
President  
New Haven Jewish Federation  
Tower One/Tower East  
18 Tower Lane  
New Haven, CT 06519

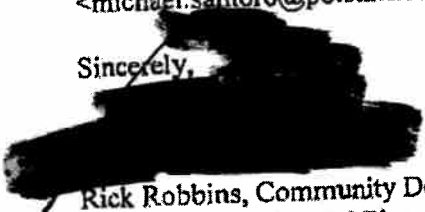
Dear Ms. Giannini-Meyers:

**Re: Assisted Living in Federal Facilities (ALFF)**

Enclosed for your records are fully executed copies of the revised Exhibit A, the Cost Estimate for the Assisted Living Facilities (ALFF). This award made to the New Haven Jewish Federation Housing Corporation will cover the fiscal year July 1, 2007 through June 30, 2008. Please keep this document on file with your Master Assistance Agreement.

If you have any questions, please contact Michael Santoro at (860)270-8171 or by email at <michael.santoro@po.state.ct.us>.

Sincerely,

  
Rick Robbins, Community Development Administrator  
Compliance Office and Planning/Program Sur- rt

Enclosures

cc: Kathy Bruni, DSS

ALFF-100  
Rev. 1/01

EXHIBIT A

RECEIVED

Contract No. 2001 093 008 035 0001H 2007 AUG 17 AM 11: 05

ASSISTED LIVING IN FEDERAL FACILITIES COST ESTIMATE

Budget Period: July 1, 2007 to June 30, 2008

Project Name: Tower One/Tower East  
Project #: 2001 093 008

Sponsor Name: New Haven Jewish Community Council Housing Corporation

Sponsor Address: Tower One/Tower East, 18 Tower Lane, New Haven, CT 06519

Number of Units 60 Number of Tenants 60

In accordance with Public Act 00-2 of the June, 2000 Special Session of the Connecticut General Assembly, under the program known as Assisted Living in Federal Facilities (ALFF), the New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) submits for the approval of the Commissioner of the Department of Economic and Community Development this cost estimate containing a schedule of assisted living service charges to be provided to tenants, as specially set forth on page 2.

The New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) herewith submits this proposed cost estimate to the Commissioner and agrees that upon approval of this document it shall become part of Contract # 2001 093 008 035 0001 between the New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) and the State of Connecticut.

The New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) stipulates that it will administer the program within the amounts set forth in this cost estimate as set forth herein.

Signed: 

Date: August 21, 2007

Duly Authorized Dorethy G. Gennaro, Mayor

New Haven Jewish Community Council Housing Corporation (Sponsor/Owner)

Reviewed & Recommended: DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Signed: 

Date: 8/17/07

Supervisor

Approved: 

Date: 8-17-07

Community Development Administrator for the Commissioner

Effective Date: July 1, 2007



ALFF-100  
Rev. 1/01

EXHIBIT A

RECEIVED

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Budget Period: July 1, 2007 to June 30, 2008

Project Name: Tower One/Tower East  
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Signed: 

Date: August 17, 2007

Duly Authorized

Dorothy Giannini, Mayor


New Haven Jewish Community Council Housing Corporation (Sponsor/Owner)

Reviewed &  
Recommended: DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Signed: 

Date: 8/17/07

Supervisor

Approved: 

Date: 8-17-7

Community Development Administrator for the Commissioner

Effective Date: July 1, 2007

ALFF-100, Page 2  
Rev. 1/01

**COST ESTIMATE**  
**ASSISTED LIVING IN FEDERAL FACILITIES (ALFF)**  
**Contract No. 2001 093 008 035 0001 H**

9004	Assisted Living Services, per estimates below	<u>\$384,000</u>
9005	Initial Assessment for Eligibility	<u>\$3,000</u>

<b>TOTAL ASSISTED LIVING SERVICES</b>	<b>\$387,000</b>
---------------------------------------	------------------

**ASSISTED LIVING SERVICES RATES:**

<b>Level One</b>	<b>Occasional Personal Services 1 to 3.75 hrs per week</b>	<b>27.33</b>	<b>Daily</b>
		<b>831.29</b>	<b>Monthly</b>
<b>Level Two</b>	<b>Limited Personal Services 4 to 8.75 hrs per week</b>	<b>42.27</b>	<b>Daily</b>
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		<b>2,226.20</b>	<b>Monthly</b>

Note: Monthly rate includes personal services and nurse supervision, including all payroll taxes, fringe benefits and all administrative costs. In addition, services beyond the level provided under the core services are included, example: additional housekeeping, laundry or preparation of meals.

**Projected requirement for Assisted Living Services:**

Total Tenant Population	<u>193</u>
Estimated Number Eligible for ALSA	<u>100</u>
Estimated Number Eligible for DECD Program	<u>60</u>

<u>Level</u>	<u>No. of Tenants</u>	<u>Monthly Rate</u>	<u>Annual</u>
Level One	40	\$500	\$240,000
Level Two	20	\$500	\$120,000
Level Three	2	\$500	\$12,000
Level Four	2	\$500	\$12,000
<b>Total DECD Tenants</b>	<b>64</b>	<b>TOTAL DECD ALSA</b>	<b><u>\$384,000</u></b>

**Calculation of Maximum Allowable DECD Subsidy:**

No. Tenants	64	Maximum Per Month	\$500	\$384,000
No. Tenants	15	Assessment (Turnover)	\$200	\$3,000

<b>Total Maximum Award</b>	<b>\$387,000</b>
----------------------------	------------------

ALFF-100, Page 2  
Rev. 1/01

**COST ESTIMATE**  
**ASSISTED LIVING IN FEDERAL FACILITIES (ALFF)**  
**Contract No. 2001 093 008 035 0001 H**

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**TOTAL ASSISTED LIVING SERVICES** **\$387,000**

**ASSISTED LIVING SERVICES RATES:**

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No. Tenants	64	Maximum Per Month	\$500	\$384,000
No. Tenants	15	Assessment (Turnover)	\$200	\$3,000

**Total Maximum Award** **\$387,000**

**ASSISTED LIVING SERVICE RATES (CHCPE)\***  
**FOR PARTICIPATING STATE-FUNDED CONGREGATE AND HUD FACILITIES USE ONLY**  
**EFFECTIVE JULY 1, 2007 TO JUNE 30, 2008**

Level	Defined	Number of Hours Per Week	Average No. Hrs.	DAILY
One	Occasional	1 to 3.75 hrs. a week of Personal Service	2.50	23.78
		Plus Nursing Visits	0.25	4.37
		RATE (Includes all administrative costs & overhead)		\$28.15 TOTAL
		In addition: \$4.37 per day for core services is available IF an individual care plan requires a client to receive services beyond the level provided under the congregate or HUD core services; for example, additional supplemental services: housekeeping, laundry or preparation of meals.		

Level	Defined	Number of Hours Per Week	Average No. Hrs.	DAILY
Two	Limited	4 to 8.75 hrs. a week of Personal Service	6.00	39.17
		Plus Nursing Visits	0.50	4.37
		RATE (Includes all administrative costs & overhead)		\$43.54 TOTAL
		In addition: \$4.37 per day for core services is available IF an individual care plan requires a client to receive services beyond the level provided under the congregate or HUD core services; for example, additional supplemental services: housekeeping, laundry or preparation of meals.		

Level	Defined	Number of Hours Per Week	Average No. Hrs.	DAILY
Three	Moderate	9 to 14.75 hrs. a week of Personal Service	11.00	55.16
		Plus Nursing Visits	0.75	4.37
		RATE (Includes all administrative costs & overhead)		\$59.53 TOTAL
		In addition: \$4.37 per day for core services is available IF an individual care plan requires a client to receive services beyond the level provided under the congregate or HUD core services; for example, additional supplemental services: housekeeping, laundry or preparation of meals.		

Level	Defined	Number of Hours Per Week	Average No. Hrs.	DAILY
Four	Extensive	15 to 25 hrs. a week of Personal Service	20.00	71.02
		Plus Nursing Visits	1.00	4.37
		RATE (Includes all administrative costs & overhead)		\$75.39 TOTAL
		In addition: \$4.37 per day for core services is available IF an individual care plan requires a client to receive services beyond the level provided under the congregate or HUD core services; for example, additional supplemental services: housekeeping, laundry or preparation of meals.		

**DSS/CHCPE** Initial assessments are performed by Access Agencies under contract with the DSS/CHCPE. Once the assessment is performed, the ALSA will develop a plan of care and determine the client's service level. No additional reimbursement beyond the Service Level Rate is provided to the ALSA for developing the plan of care. Additional services allowed are: Emergency Response System (ERS) and Mental Health Counseling.

**DECD PROGRAM** For DECD Program: ALSA performs assessments. The monthly subsidy for DECD clients is capped at \$500.00. Any additional costs for DECD clients, up to the full monthly cost of services, must be paid by the tenant. No additional reimbursement/services allowed under DECD Program. Certain HUD Facilities do not offer the DECD Program.

**Cost Worksheet**  
**Effective 12-1-2007**

**DSS / DECD / PP / DEMO**

	<b><u>Per Day</u></b>	<b><u>Annualized</u></b>
Level One (Occasional):	\$23.78	\$723.31
Level Two (Limited):	\$39.17	\$1191.42
Level Three (Moderate):	\$55.16	\$1677.78
Level Four (Extensive):	\$71.02	\$2160.19
Core:	\$4.37	\$132.92
Level Four (HTC Demo ONLY):	\$69.01	\$2099.05
Core (HTC Demo ONLY):	\$8.57	\$260.67

**SMITHFIELD GARDENS**

	<b><u>Per Day</u></b>	<b><u>Annualized</u></b>
Level One (Occasional):	\$26.78	\$814.56
Level Two (Limited):	\$42.85	\$1303.35
Level Three (Moderate):	\$58.92	\$1792.15
Level Four (Extensive):	\$69.63	\$2117.91
Core:	\$8.57	\$260.67

**PERS**

PERS Installation (one time only fee):	\$33.98
PERS Ongoing (monthly):	\$56.63

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Mental Health Counseling In-Home	\$52.67
----------------------------------	---------

- Admission Fee of \$200.00 (one time only) required on date of admission (Private Pay).
- One month (Annualized) deposit required on date of admission (Private Pay).
- Services billed monthly; Due and payable upon receipt.
- Monthly rates may vary based on the number of days serviced per month.
- Rates may vary annually according to Utopia Assisted Living Services, Inc.

Revised	08/2005	12/2005	02/2006	05/2006	06/2006	03/2007	11/2007
---------	---------	---------	---------	---------	---------	---------	---------

## EXHIBIT 9

### Supportive Services Plan

- (f) *A support/commitment letter from EACH listed proposed funding source in paragraph e. above, for the planned meals and supportive services. The letter must cover the total planned annual commitment (and multi-year amount total, if different), length of time for the commitment, and the amounts payable for each service covered by the provider/paying organization. There must be a letter from EACH participating organization listed in paragraph e, above.*

Attached is a copy of the contract between Tower One and the State of Connecticut Department of Economic and Community Development for provision of and payment for assisted living services.

In addition, please see the attached letter from the Department of Social Services, Money Follows the Persons Demonstration Office indicating their commitment to work with HUD and Tower One to provide payment for assisted living services.



Joan McDonald  
Commissioner



State of Connecticut  
Department of Economic and  
Community Development

June 9, 2008

Ms. Dorothy Giannini-Meyers, President  
New Haven Jewish Federation  
Tower One/Tower East  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

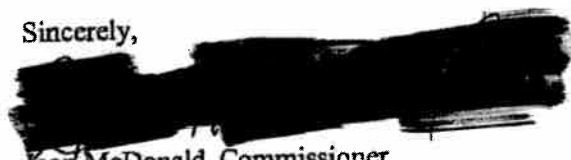
RE: Assisted Living in Federal Facilities (ALFF); Letter of Support

This letter is intended to indicate this Department's support for your organization's efforts to apply to the U.S. Department of Housing and Urban Development for Assisted Living Conversion funds. Please use this letter as an indication of our support for this application.

In accordance with the provisions of Section 8-206e of the Connecticut General Statutes, the Department of Economic and Community Development, in concert with the Department of Social Services (DSS) and the Office of Policy and Management, has provided a grant for the period July 1, 2008 through June 30, 2009 to subsidize the cost of providing assisted living services to eligible residents of Tower One/Tower East through the state-funded Assisted Living in Federal Facilities (ALFF) program. In addition, this award has provided your organization with access to the Department of Social Services' Connecticut Home Care Program for Elders (CHCPE), which allows for the reimbursement of the cost of assisted living services to residents otherwise eligible under that program. Pending final budgetary action by the State Legislature, it is this Department's intention to continue to fund this activity for the fiscal year to follow.

DECD is pleased that you and your organization are interested in providing services for the growing needs of the State's aging citizens.

Sincerely,

  
Joan McDonald, Commissioner

MCS



State of Connecticut  
Department of Economic and  
Community Development

August 17, 2007

Ms. Dorothy Giannini-Meyers  
President  
New Haven Jewish Federation  
Tower One/Tower East  
18 Tower Lane  
New Haven, CT 06519

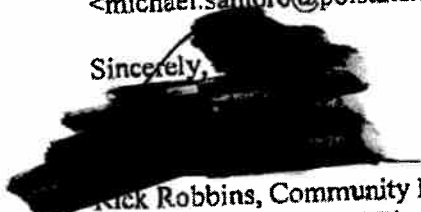
Dear Ms. Giannini-Meyers:

**Re: Assisted Living in Federal Facilities (ALFF)**

Enclosed for your records are fully executed copies of the revised Exhibit A, the Cost Estimate for the Assisted Living Facilities (ALFF). This award made to the New Haven Jewish Federation Housing Corporation will cover the fiscal year July 1, 2007 through June 30, 2008. Please keep this document on file with your Master Assistance Agreement.

If you have any questions, please contact Michael Santoro at (860)270-8171 or by email at <michael.santoro@po.state.ct.us>.

Sincerely,

  
Rick Robbins, Community Development Administrator  
Compliance Office and Planning/Program Sur- rt

Enclosures

cc: Kathy Bruni, DSS



ALFF-100  
Rev. 1/01

EXHIBIT A

RECEIVED

Contract No: 2001 093 008 035 0001H 2007 AUG 17 AM 11:05

ASSISTED LIVING IN FEDERAL FACILITIES COST ESTIMATE

Budget Period: July 1, 2007 to June 30, 2008

Project Name: Tower One/Tower East  
Project #: 2001 093 008

Sponsor Name: New Haven Jewish Community Council Housing Corporation

Sponsor Address: Tower One/Tower East, 18 Tower Lane, New Haven, CT 06519

Number of Units 60 Number of Tenants 60

In accordance with Public Act 00-2 of the June, 2000 Special Session of the Connecticut General Assembly, under the program known as Assisted Living in Federal Facilities (ALFF), the New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) submits for the approval of the Commissioner of the Department of Economic and Community Development this cost estimate containing a schedule of assisted living service charges to be provided to tenants, as specially set forth on page 2.

The New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) herewith submits this proposed cost estimate to the Commissioner and agrees that upon approval of this document it shall become part of Contract # 2001 093 008 035 0001 between the New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) and the State of Connecticut.

The New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) stipulates that it will administer the program within the amounts set forth in this cost estimate as set forth herein.

Signed: \_\_\_\_\_

Duly Authorized

*Deborah G. Gannini, Mayor*

Date: \_\_\_\_\_

*August 10, 2007*

New Haven Jewish Community Council Housing Corporation (Sponsor/Owner)

Reviewed &  
Recommended:

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Signed: \_\_\_\_\_

Supervisor

Date: \_\_\_\_\_

*8/17/07*

Approved: \_\_\_\_\_

Community Development Administrator for the Commissioner

Date: \_\_\_\_\_

*8-17-07*

Effective Date: July 1, 2007

ALFF-100  
Rev. 1/01

EXHIBIT A

RECEIVED

Contract No. 2001 093 008 035 0001H 2007 AUG 17 AM 11: 05

ASSISTED LIVING IN FEDERAL FACILITIES COST ESTIMATE

Budget Period: July 1, 2007 to June 30, 2008

Project Name: Tower One/Tower East  
Project #: 2001 093 008

Sponsor Name: New Haven Jewish Community Council Housing Corporation

Sponsor Address: Tower One/Tower East, 18 Tower Lane, New Haven, CT 06519

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The New Haven Jewish Community Council Housing Corporation (Sponsor/Owner) stipulates that it will administer the program within the amounts set forth in this cost estimate as set forth herein.

Signed: 

Date: August 17, 2007

Duly Authorized Dorothy Gannin, Mayor

New Haven Jewish Community Council Housing Corporation (Sponsor/Owner)

Reviewed & Recommended: DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

Signed: 

Date: 8/17/07

Superintendent

Approved: 

Date: 8-17-07

Community Development Administrator for the Commissioner

Effective Date: July 1, 2007

ALFF-100, Page 2  
Rev. 1/01

**COST ESTIMATE**  
**ASSISTED LIVING IN FEDERAL FACILITIES (ALFF)**  
**Contract No. 2001 093 008 035 0001 H**

9004	Assisted Living Services, per estimates below	<u>\$384,000</u>
9005	Initial Assessment for Eligibility	<u>\$3,000</u>
<b>TOTAL ASSISTED LIVING SERVICES</b>		<b><u>\$387,000</u></b>

**ASSISTED LIVING SERVICES RATES:**

Level One	Occasional Personal Services 1 to 3.75 hrs per week	27.33 831.29	Daily Monthly
Level Two	Limited Personal Services 4 to 8.75 hrs per week	42.27 1,285.71	Daily Monthly
Level Three	Moderate Personal Services 9 to 14.75 hrs per week	57.79 1,757.78	Daily Monthly
Level Four	Extensive Personal Services 15 to 25 hrs per week	73.19 2,226.20	Daily Monthly

Note: Monthly rate includes personal services and nurse supervision, including all payroll taxes, fringe benefits and all administrative costs. In addition, services beyond the level provided under the core services are included, example: additional housekeeping, laundry or preparation of meals.

**Projected requirement for Assisted Living Services:**

Total Tenant Population	<u>193</u>
Estimated Number Eligible for ALSA	<u>100</u>
Estimated Number Eligible for DECD Program	<u>60</u>

<u>Level</u>	<u>No. of Tenants</u>	<u>Monthly Rate</u>	<u>Annual</u>
Level One	40	\$500	\$240,000
Level Two	20	\$500	\$120,000
Level Three	2	\$500	\$12,000
Level Four	2	\$500	\$12,000
<b>Total DECD Tenants</b>	<b>64</b>	<b>TOTAL DECD ALSA</b>	<b><u>\$384,000</u></b>

**Calculation of Maximum Allowable DECD Subsidy:**

No. Tenants	64	Maximum Per Month	\$500	\$384,000
No. Tenants	15	Assessment (Turnover)	\$200	\$3,000
<b>Total Maximum Award</b>				<b><u>\$387,000</u></b>



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

June 16, 2008

Ms. Dorothy Giannini-Meyers  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

The Department of Social Services, Money Follows the Persons Demonstration Office (MFP) is in receipt of the Tower One HUD Assisted Living Conversion Program (ALCP) Application. The application describes Tower One's plan to convert 18 of their 196 units to accessible assisted living units. MFP fully supports this proposal.

Increasing the number of assisted living units in the State is a key component of the MFP housing strategy. This strategy was detailed in the MFP Operational Protocol recently submitted to The Centers for Medicare and Medicaid Services. Successful implementation of this strategy is critical if Connecticut is to rebalance its long term care system. The increase in the number of assisted living units, more specifically ALCP conversions, provides expanded opportunities for persons living in subsidized housing to 'age in place' with access to needed services. In addition, the increase provides expanded housing options for persons currently living in nursing homes who would like to live in a less restrictive environment.

If awarded, MFP will form a strategic partnership with Tower One's ALCP project. While Tower One could provide a needed housing option to persons transitioning from nursing homes under MFP, MFP could provide the needed service dollars. Persons choosing Tower One as their housing of choice under MFP would be eligible for up to \$75 per day in assisted living services based on their individual level of need. Assisted living services offered include personal care, homemaker, chore, companion, medication oversight, periodic nursing evaluation, transportation as specified in the care plan, therapeutic social and recreational programming, and 24 hour on-site response staff. This project provides an excellent opportunity to coordinate Federal dollars directed towards housing with home and community based service dollars. While MFP partnership at a local level would be with Tower One, at a State level this proposal represents a partnership between HUD and MFP.

Lack of affordable, accessible housing is a key barrier to successful rebalancing efforts in the State of Connecticut. The Tower One proposal represents an important step towards addressing the housing barrier. If funded, up to 18 persons who are currently institutionalized would have the choice to live in the community.

Connecticut's Department of Social Services' MFP office fully supports the Tower One proposal and looks forward to a successful partnership with both HUD and Tower One.

Sincerely,

David Parrella

Director, Medical Care Administration

DP:dl:s

c: Suzanne Piacentini, Director, Multifamily Program Center  
Dawn Lambert, Project Director, Money Follows the Person Rebalancing Demonstration

**EXHIBIT 9 (g)**      *Provide a support letter from EACH governmental agency(ies) which provides licensing for ALFs in that jurisdiction.*

**Attached please find copies of both the Managed Residential Community licensure and the Assisted Living Services Agency license from the State of Connecticut Department of Public Health. In addition, the Utopia's ALSA license will be updated upon receipt of the renewal from the State of CT. Attached please find the renewal application that was submitted by Utopia to the Department of Public Health.**



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

June 10, 2008

Dorothy Giannini-Meyers  
Tower One/Tower East  
18 Tower Lane  
New Haven, Ct 06519

RE: Tower One MRC

Dear Ms. Giannini-Meyers:

This office issues a license to Utopia Assisted Living Service Agency. This license is valid through June 30, 2008, when they will have to submit renewal application materials for an updated license.

Utopia Assisted Living Service Agency provides services to the Managed Residential Community (MRC) known as Tower One. MRC's are not a licensable entity.


Tower One is registered with this office as an MRC. In order to be an MRC, an entity must receive services from a licensed Assisted Living Service Agency.

Tower One MRC registered with this office in July 1996. The registration does not expire.

I am enclosing a copy of the Utopia Assisted Living Service Agency License.

If you have any questions, please do not hesitate to contact me.

Sincerely,

  
Rose McLellan  
License and Applications Supervisor  
Facilities Licensing & Investigation Section



Phone: (860) 509-7444  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HSR  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

**STATE OF CONNECTICUT**  
**Department of Public Health**

**LICENSE**

**License No. AL-0028**

**Assisted Living Services Agency**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Utopia Assisted Living Services, Inc. of East Haven, CT, d/b/a Utopia Assisted Living Services, Inc. is hereby licensed to maintain and operate an Assisted Living Services Agency.

Utopia Assisted Living Services, Inc. is located at 444 Foxon Road, East Haven, CT 06512, and may provide services to clients residing at:

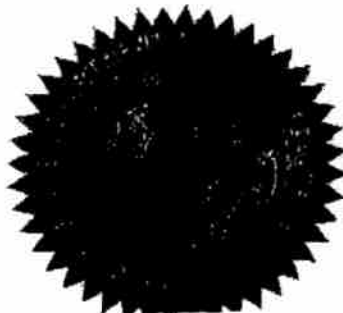
Tower One/Tower East, (MRC) 18 Tower Lane, New Haven, CT  
Komanetsky Estates, (MRC) 81 Grove Avenue, Bristol, CT  
Mount Carmel, (MRC) 33 Woodruff Street, Hamden, CT  
Bacon Congregate, (MRC) 43 Morris Street, Hartford, CT  
Ludlow Commons, (MRC) 11 Roger Square, East Norwalk, CT  
Silverbrook Estates, (MRC) 100 Red Cedar Road, Orange, CT  
Prospect Ridge, (MRC) 51 Prospect Ridge Road, Ridgefield, CT  
Juniper Hill Village, (MRC) One Silo Drive, Storrs, CT  
The Marvin, (MRC) 60 Gregory Boulevard, Norwalk, CT  
Herbert T. Clark House, (MRC) 45 Canione Road, Glastonbury, CT  
Immanuel House, (MRC) 15 Woodland Street, Hartford, CT  
Herbert T. Clark Demo, (MRC) 43 Canione Road, Glastonbury, CT  
Virginia Connolly Residence, (MRC) 1600 Hopmeadow Street, Simsbury, CT  
Village Gate of Farmington, (MRC) 88 Scott Swamp Road, Farmington, CT  
Smithfield Gardens, (MRC) 32 Smith Street, Seymour, CT


This license expires **June 30, 2008** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2006.

License revised to reflect:

\*10-29-07 removed (1) MRC eff: 8-8-07\*;



 **M.D., M.P.H.**  
J. Robert Galvin, M.D., M.P.H.,  
Commissioner





2. ✓ Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

Level of Care	Beds/ Hemodialysis Stations	Bassinets (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. ✓ 22-3589496  
Federal Employer Identification Number

4. ✓ Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

Utopia Assisted Living Services, Inc.  
Licensee

60 East Main Street, Kings Park, NY 11754 (203) 466-3050  
Business Address City State Zip Code Telephone

Mailing Address (if applicable)

5. ✓ Is the above named legal entity a (please check the box which applies):

☐ Individual/Sole proprietor  
☐ General Partnership  
☐ Limited Partnership  
☐ Limited Liability Company  
☐ Other: \_\_\_\_\_  
☐ Non-profit Corporation

☐ Municipality  
☐ Trust  
☒ Profit Corporation

MAY 27 2008

6. ✓ Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? ☒ YES ☐ NO

7. ✓ Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

David C. Martinez, PO Box 1583, Mattituck, NY 11952 O/C  
Name Address Telephone (631) 804-4745

8. ✓ Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

FACILITY FAX # (203) 468-1994

9. ✓ Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**

A. If the Licensee is a general partnership, limited partnership or limited liability company, complete Form 1 (attached).

B. If the Licensee is a trust, complete Form 2 (attached) for the Licensee.

i. Attach a list including the name, address and telephone number of all trustees.

C. If the Licensee is a corporation (profit or non-profit), complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.

ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

10. ✓ Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.) Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

11. ✓ Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:

- A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
- B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
- C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

12. ✓ Ownership of Real Property

Name

Tower One / Tower East

Business Address

City

State Zip Code

Telephone

18 Tower Lane, New Haven, CT 06519 (203) 772-1816

13. ✓ Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. **NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. Each completed Fire Marshal's**

**Certificate of Inspection that is submitted must have an original signature. (Not applicable for Homemaker Home Health and Home Health Agencies).**

Page 4 of 4

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**FOR OFFICE USE ONLY**

CHECK #

AMOUNT \$

DATE RECEIVED

INITIALS

\*\*\*\*\*

## 14. ✓ Affidavit of Owner:

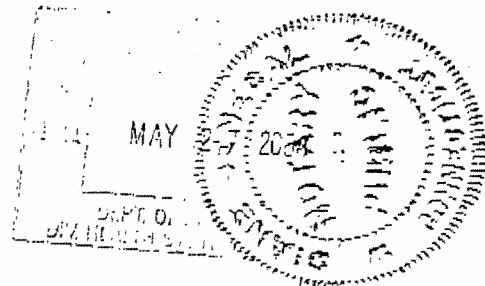
I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Signature

Date Signed

Check one as applicable:

- ☐ Individual/Sole Proprietor  
☐ General/Managing Partner  
☐ President of Corporation  
☐ Secretary of Corporation  
☒ Municipal Officer  
☐ Trustee



State of Connecticut )

County of New Haven )ss April 30 2008

Personally appeared before me the above named David C. Martinez and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

Notary Public

☒

Justice of the Peace

☐

Town Clerk

☐Commissioner of the Superior Court ☐

My Commission Expires: Sept. 30, 2011  
 (If Notary Public)

## EXHIBIT 9

### Supportive Services Plan

- (h) *A description of your relevant experience in arranging for and/or delivering supportive services to frail residents. (If you are applying to convert an unused or underutilized commercial facility to assisted living, provide information on your relevant experience in arranging for and/or delivering supportive services to frail elderly persons). The description should include any supportive services facilities owned/operated; your past or current involvement in any project-based programs that demonstrates your management capabilities. The description should include data on the facilities and specific meals and/or supportive services provided on a regular basis, the racial/ethnic composition of the populations served, if available, and information and testimonials from residents or community leaders on the quality of the services.*

During the late 1960's the New Haven Jewish Community Council Housing Corporation, (a/k/a Tower One) was founded with its primary goal to provide safe and affordable rental housing for seniors in an urban environment. Tower One was opened for occupancy in 1971.

Tower One was designed by renowned architect Charles Moore, and was funded by the "old" HUD Section 202 program. It had 217 apartments in a 21 story high-rise building. Tower One is located inner-city, close to downtown New Haven, Connecticut, on the perimeter of Yale University's Medical School, School of Nursing and Hospital. In addition to its innovative design features, Tower One was an early pioneer in congregate services that included a meal program and resident activities.

In 1980, a sister organization, The New Haven Jewish Federation Housing Corporation, (a/k/a Tower East) was incorporated. It was developed under the HUD 202/Section 8 Program and began accepting residents for occupancy in 1982. Tower One assumed management responsibilities for Tower East.

Tower East is connected to Tower One forming a campus setting, which includes enclosed gardens, courtyards and parking areas. With a total of 346 apartments the campus, which has won several best practices awards, provides quality,

affordable rental housing and services with safety and security in an urban environment.

In the late 80's the complex was faced with increasing numbers of vacancies which were attributed to the aging-in-place of residents and their subsequent transfer to nursing homes, decline of the physical environment, and unfocused direction. A strategic plan was developed to address the needs of residents as they aged-in-place as well as to define improvements to the buildings and grounds.

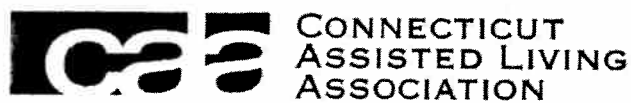
In 1990 the Towers' mission statement was changed and expanded. While it continued to reflect a commitment to provide quality and affordable housing, a resolution was made to provide a full continuum of supportive services that would support residents' desire to maintain their independence and postpone or altogether avoid nursing home placement. The mission statement was revised again in 1998 to affirm the cultural philosophy of The Towers.

In the 1990 revision, limitation to providing only rental housing was removed from the mission statement thus enabling the possibility to provide other service options. In the 1998 revision the Board of Directors again strengthened the Towers resolve to provide supportive services; its intention to continue to operate on a not-for-profit basis; and a commitment diversity and to the City of New Haven.

Today, the Towers campus offers a full range of assisted and independent living options for an average of 400 residents in both Tower One and Tower East buildings.

Tower One is uniquely qualified to successfully implement a 2008 ALCP grant. Tower One has received and successfully implemented Assisted Living Conversion Program (ALCP) grants in 2000, 2001, 2002 and 2005. These grants have enabled Tower One to convert nine floors of apartments to assisted living and also make modifications to the ground and first floors to accommodate the changing needs of residents. Today 84 apartments on the 2<sup>nd</sup> through 10<sup>th</sup> floors have been converted to assisted living units and serve residents who require assisted living services. An additional 44 residents living on the 11<sup>th</sup> through 20<sup>th</sup> floors currently receive assisted living services in their apartments which do not have the accessible features of the converted units. In total residents are receiving assisted living services in 128 of the 196 apartments in Tower One – a full two-thirds of the resident population.

**Attached please find the support letter from various organizations and community leaders.**



May 30, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Federation Housing Corp., Inc.  
Tower East  
18 Tower Lane  
New Haven, CT 06519

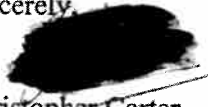
Dear Ms. Giannini-Meyers:

I am writing as president of the Connecticut Assisted Living Association (CALA) to express our enthusiastic support for Tower East in its plan to convert existing apartments to assisted living apartments for the very low-income elderly in New Haven, and to make other improvements in the building for the benefit and well-being of residents. I am very aware of the lack of affordable assisted living in this area and am pleased that Tower East has taken the initiative to submit a proposal to address this need.

CALA enjoys a long-standing collaborative relationship with Tower East. Since 1997, Tower East has been a committed and active member of CALA. CALA is pleased to continue our collaboration, and hope that this new application will be approved for funding, since we experience first-hand the need for a physical environment to better meet the needs of the increasing number of frail elders residing at Tower East.

CALA is pleased to work in coordination with Tower East in developing a comprehensive approach to providing assisted living services and heartily endorses Tower East in its efforts to bring a much needed affordable assisted living facility to New Haven's elders. CALA intends to continue our support of Tower East and this project.

Sincerely,



Christopher Carter  
President

# Concepts *for* Adaptive Learning

*"Using technology to help prepare today's children for tomorrow."*

June 2, 2008

P.O. Box 8265  
New Haven, CT 06530  
Tel. (203) 410-3679  
Fax (203) 272-8451  
[www.EachChildLearns.org](http://www.EachChildLearns.org)  
[Curtis-Hill@cox.net](mailto:Curtis-Hill@cox.net)

## Directors

*Tony Farah*  
(Board Chair)

*Hillel Auerbach, Esq.*

*Ashley Baker*

*Sharon Bender*

*Rabbi Richard Eisenberg*

*John Elwood*

*Curt Feen*

*Toni Harp (Honorable)*

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(Executive Director)

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*Matthew Nemerson*

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*Dr. Dena Watterson*

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*Toby Holloran*

*Chris & Rick Kemp*

*Nick Lavorato*

*Sean McFey*

*David Pyne*

*Michael Rachkovsky*

**Ms. Dorothy Giannini-Meyers**  
President/CEO  
Tower One/Tower East  
18 Tower Lane  
New Haven, Connecticut 06519

Dear Ms. Giannini-Meyers:


By means of a brief abstract, Concepts *for* Adaptive Learning (CfAL) is a New Haven, CT-based nonprofit organization that exists to help public school children improve their education, starting in New Haven's poorest neighborhoods. CfAL strives to achieve this goal by increasing disadvantaged parents' involvement in their children's education and increasing teachers' classroom effectiveness. The organization trains parents and teachers how to use computers, and upon completing training they give refurbished computers to the parents.

In collaboration with Tower One/Tower East, the Towers has donated space to CfAL in the evening hours to train the parents, while their children wait, at times doing their homework. Since August 2003, CfAL has used this donated space to instruct 778 parents. With an average of 2.19 children per household, in less than 5 years of instructing parents at the Towers, their Technology Cascade & Training Program has impacted the lives of more than 2,400 parents and children.

The space being donated, approximately 320 square feet, houses 13 computer workstations, and 4 printers, all connected through a wireless network. Although, 1 system is dedicated for use by Towers residents, all the workstations are available for training Towers residents on a wide variety of topics.

By all means, please contact me if you have any questions.

Thank you,

Curtis M. Hill  
Executive Director



**Main Office**  
444 Foxon Road  
East Haven, CT 06512  
P (203) 466-3050 | F (203) 466-1826  
[www.utopiahomecare.com](http://www.utopiahomecare.com)

**Hartford**  
999 Asylum Avenue  
Hartford, CT 06105  
P (860) 882-0000  
F (860) 882-1885

**New London**  
225 State Street, Suite 103  
New London, CT 06320  
P (860) 443-7222  
F (860) 437-3498

**Norwalk**  
10 Mott Avenue  
4th Floor  
Norwalk, CT 06854  
P (203) 855-0979  
F (203) 855-0038

**Waterbury**  
527 Wolcott Street  
Waterbury, CT 06705  
P (203) 596-7991  
F (203) 596-7386

June 5, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Community Council Housing Corp., Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am writing as Executive Vice President of Utopia Assisted Living, Inc and Utopia Home Care, Inc to express our enthusiastic support for Tower One in its plan to convert a portion of Tower One to assisted living apartments for the very low-income elderly in New Haven, and to add an elevator that is greatly needed for the safety and well-being of residents. I am very aware of the lack of affordable assisted living in this area and am pleased that Tower One has taken the initiative to submit a proposal to address this need.

Utopia Assisted Living enjoys a long-standing collaborative relationship with Tower One. Since 1992 the management and staff of Utopia Assisted Living Services has enjoyed a mutually beneficial collaborative relationship with Tower One since locating our home care agency at the Towers. We are pleased to continue our collaboration, and hope that this new application will be approved for funding, since we experience first-hand the need for a physical environment to better meet the needs of the increasing number of frail elders residing at Tower One.

Organization name is pleased to work in coordination with Tower One in developing a comprehensive approach to providing assisted living services and heartily endorses Tower One in its efforts to bring a much needed affordable assisted living facility to New Haven's elders. We intend to continue our support of Tower One and this project.

Sincerely,

David C. Martinez  
Executive Vice President  
Utopia Assisted Living, Inc





**Hospital of  
Saint Raphael**

A member of the Saint Raphael Healthcare System

*Major teaching affiliate of  
Yale University School of Medicine*

1450 Chapel Street  
New Haven, Connecticut 06511  
(203) 789-3000

**Gerard J. Kerins, M.D., F.A.C.P.**  
Section Chief - Geriatrics  
Department of Medicine  
(203) 789-4150 Fax: (203) 789-3222  
E-mail: gkerins@srhs.org

Assistant Clinical Professor  
Yale University School of Medicine

May 30, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Community Council Housing Corp., Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am writing as Chief of Geriatric Medicine at the Hospital of Saint Raphael's Project ElderCare to express our enthusiastic support for Tower One in its plan to convert a portion of Tower One to assisted living apartments for the very low-income elderly in New Haven, and to add an elevator that is greatly needed for the safety and well-being of residents. I am very aware of the lack of affordable assisted living in this area and am pleased that Tower One has taken the initiative to submit a proposal to address this need.

The Hospital of Saint Raphael enjoys a longstanding collaborative relationship with Tower One. Since 1995 we have provided on-site primary care for Tower One residents. We are pleased to continue our collaboration, and hope that this new application will be approved for funding, since we experience first-hand the need for a physical environment to better meet the needs of the increasing number of frail elders residing at Tower One.

The Hospital of Saint Raphael is pleased to work in coordination with Tower One in developing a comprehensive approach to providing assisted living services and heartily endorses Tower One in its efforts to bring a much needed affordable assisted living facility to New Haven's elders. We intend to continue our support of Tower One and this project.

Sincerely,

Gerard J. Kerins, M.D., F.A.C.P.  
Section Chief, Geriatric Medicine

GJK:ssp

May 29, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Community Council Housing Corp., Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

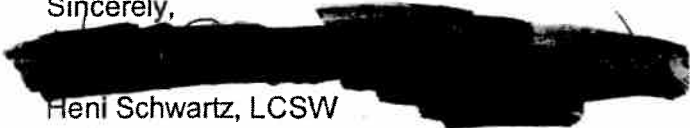
Dear Ms. Giannini-Meyers:

I am writing as Acting Director of Jewish Family Service of New Haven to express our enthusiastic support for Tower One in its plan to convert a portion of Tower One to assisted living apartments for the very low-income elderly in New Haven, and to add an elevator that is greatly needed for the safety and well-being of residents. I am very aware of the lack of affordable assisted living in this area and am pleased that Tower One has taken the initiative to submit a proposal to address this need.

Jewish Family Service of New Haven enjoys a long-standing collaborative relationship with Tower One. Since Tower One was first built we have worked closely with staff, residents and family members as was needed. We are pleased to continue our collaboration, and hope that this new application will be approved for funding, since we experience first-hand the need for a physical environment to better meet the needs of the increasing number of frail elders residing at Tower One.

Jewish Family Service is pleased to work in coordination with Tower One in developing a comprehensive approach to providing assisted living services and heartily endorses Tower One in its efforts to bring a much needed affordable assisted living facility to New Haven's elders. We intend to continue our support of Tower One and this project.

Sincerely,



Henri Schwartz, LCSW  
Acting Director

# Concepts *for* Adaptive Learning

*"Using technology to help prepare today's children for tomorrow"*

---

June 2, 2008

P.O. Box 8265  
New Haven, CT 06530  
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*David Pyne*

*Michael Ruchkovsky*

**Ms. Dorothy Giannini-Meyers**

President/CEO

Tower One/Tower East

18 Tower Lane

New Haven, Connecticut 06519

Dear Ms. Giannini-Meyers:


By means of a brief abstract, Concepts *for* Adaptive Learning (CfAL) is a New Haven, CT-based nonprofit organization that exists to help public school children improve their education, starting in New Haven's poorest neighborhoods. CfAL strives to achieve this goal by increasing disadvantaged parents' involvement in their children's education and increasing teachers' classroom effectiveness. The organization trains parents and teachers how to use computers, and upon completing training they give refurbished computers to the parents.

In collaboration with Tower One/Tower East, the Towers has donated space to CfAL in the evening hours to train the parents, while their children wait, at times doing their homework. Since August 2003, CfAL has used this donated space to instruct 778 parents. With an average of 2.19 children per household, in less than 5 years of instructing parents at the Towers, their Technology Cascade & Training Program has impacted the lives of more than 2,400 parents and children.

The space being donated, approximately 320 square feet, houses 13 computer workstations, and 4 printers, all connected through a wireless network. Although, 1 system is dedicated for use by Towers residents, all the workstations are available for training Towers residents on a wide variety of topics.

By all means, please contact me if you have any questions.

Thank you,



Curtis M. Hill  
Executive Director

# OFFICE OF THE MAYOR

165 CHURCH STREET • NEW HAVEN • CONNECTICUT 06510



JOHN DESTEFANO, JR.  
Mayor



*The vision of New Haven's children  
is our city's greatest resource\**

June 16, 2008

Dorothy Giannini-Meyers, CEO  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am writing to support the HUD Assisted Living Conversion Program grant application being submitted by the New Haven Jewish Community Council Housing Corp., Inc., a/k/a Tower One.

It is my understanding that this proposal will enable the continued modification and adaptation of the Tower One apartments and building, which is almost forty years old, so that it can meet the needs of current and future residents. The proposed project will increase the number of assisted living apartments in Tower One thus providing the accessible features necessary to meet the special needs of residents who need assisted living services.

The project also proposes to install a third elevator to the building to accommodate the safety, wellbeing and changing needs of the resident population. The current two elevators have become insufficient due to the large number of residents who now utilize walkers, wheelchairs and motorized scooters. Emergency medical personnel are often frustrated in their efforts to promptly reach a resident in need of emergency assistance because of long delays waiting for an elevator which places the safety of residents in jeopardy.

Meeting the needs of the elderly is a top priority for me. There is a serious need for affordable assisted living in our community and I believe that Tower One's ALCP project will continue to help us to meet that need.

If I can be of any further assistance please do not hesitate to call upon me or my staff.

Very truly yours,

John DeStefano, Jr.  
Mayor



phone 203.946.8200 fax 203.946.7683

*\*This creative impression is the work of Jennifer Montalvo, a student at Nathan Hale School.*



# STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

June 16, 2008

Ms. Dorothy Giannini-Meyers  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

The Department of Social Services, Money Follows the Persons Demonstration Office (MFP) is in receipt of the Tower One HUD Assisted Living Conversion Program (ALCP) Application. The application describes Tower One's plan to convert 18 of their 196 units to accessible assisted living units. MFP fully supports this proposal.

Increasing the number of assisted living units in the State is a key component of the MFP housing strategy. This strategy was detailed in the MFP Operational Protocol recently submitted to The Centers for Medicare and Medicaid Services. Successful implementation of this strategy is critical if Connecticut is to rebalance its long term care system. The increase in the number of assisted living units, more specifically ALCP conversions, provides expanded opportunities for persons living in subsidized housing to 'age in place' with access to needed services. In addition, the increase provides expanded housing options for persons currently living in nursing homes who would like to live in a less restrictive environment.

If awarded, MFP will form a strategic partnership with Tower One's ALCP project. While Tower One could provide a needed housing option to persons transitioning from nursing homes under MFP, MFP could provide the needed service dollars. Persons choosing Tower One as their housing of choice under MFP would be eligible for up to \$75 per day in assisted living services based on their individual level of need. Assisted living services offered include personal care, homemaker, chore, companion, medication oversight, periodic nursing evaluation, transportation as specified in the care plan, therapeutic social and recreational programming, and 24 hour on-site response staff. This project provides an excellent opportunity to coordinate Federal dollars directed towards housing with home and community based service dollars. While MFP partnership at a local level would be with Tower One, at a State level this proposal represents a partnership between HUD and MFP.

Lack of affordable, accessible housing is a key barrier to successful rebalancing efforts in the State of Connecticut. The Tower One proposal represents an important step towards addressing the housing barrier. If funded, up to 18 persons who are currently institutionalized would have the choice to live in the community.

Connecticut's Department of Social Services' MFP office fully supports the Tower One proposal and looks forward to a successful partnership with both HUD and Tower One.

Sincerely,

  
David Parrella

Director, Medical Care Administration

DP:dl:s

c: Suzanne Piacentini, Director, Multifamily Program Center  
Dawn Lambert, Project Director, Money Follows the Person Rebalancing Demonstration

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Joan McDonald  
Commissioner



State of Connecticut  
Department of Economic and  
Community Development

June 9, 2008

Ms. Dorothy Giannini-Meyers, President  
New Haven Jewish Federation  
Tower One/Tower East  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:


RE: Assisted Living in Federal Facilities (ALFF); Letter of Support

This letter is intended to indicate this Department's support for your organization's efforts to apply to the U.S. Department of Housing and Urban Development for Assisted Living Conversion funds. Please use this letter as an indication of our support for this application.


In accordance with the provisions of Section 8-206e of the Connecticut General Statutes, the Department of Economic and Community Development, in concert with the Department of Social Services (DSS) and the Office of Policy and Management, has provided a grant for the period July 1, 2008 through June 30, 2009 to subsidize the cost of providing assisted living services to eligible residents of Tower One/Tower East through the state-funded Assisted Living in Federal Facilities (ALFF) program. In addition, this award has provided your organization with access to the Department of Social Services' Connecticut Home Care Program for Elders (CHCPE), which allows for the reimbursement of the cost of assisted living services to residents otherwise eligible under that program. Pending final budgetary action by the State Legislature, it is this Department's intention to continue to fund this activity for the fiscal year to follow.

DECD is pleased that you and your organization are interested in providing services for the growing needs of the State's aging citizens.

Sincerely,



Joan McDonald, Commissioner



June 4, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Federation Housing Corp., Inc.  
Tower East  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am a resident of Tower East and I want to express my support for Tower East in its plan to convert apartments in this building to assisted living apartments for the very low-income elderly in New Haven, and to make other improvements in the building for the benefit and well being of the residents. Converting apartments to assisted living units will provide me with the opportunity to remain in Tower East should my needs change and an assisted living unit is necessary for my safety and well being. I am pleased that Tower East has taken the initiative to submit a proposal to address the needs of the low income residents who currently live in Tower East, and for the low income elderly residents in the greater New Haven area.

Sincerely,

A black rectangular redaction mark covering the signature of the sender.


June 4, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Federation Housing Corp., Inc.  
Tower East  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am a resident of Tower East and I want to express my support for Tower East in its plan to convert apartments in this building to assisted living apartments for the very low-income elderly in New Haven, and to make other improvements in the building for the benefit and well being of the residents. Converting apartments to assisted living units will provide me with the opportunity to remain in Tower East should my needs change and an assisted living unit is necessary for my safety and well being. I am pleased that Tower East has taken the initiative to submit a proposal to address the needs of the low income residents who currently live in Tower East, and for the low income elderly residents in the greater New Haven area.

Sincerely,





June 5, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Federation Housing Corp., Inc.  
Tower East  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am the family member of a resident of Tower East and I want to express my support for Tower East in its plan to convert apartments in Tower East to assisted living apartments for the very low-income elderly in New Haven, and to make other improvements in the building for the benefit and well being of the residents. Having assisted living units in Tower East will provide my loved one to have the opportunity to remain in the building and live in an assisted living unit should that become necessary for health and safety reasons. I am pleased that Tower East has taken the initiative to submit a proposal to address the needs of the low income residents who currently live in Tower East, and for the low income elderly residents in the greater New Haven area.

Sincerely,

A large, irregular black redaction mark covering the signature and any text that might have been present below the "Sincerely," line.


June 5, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Community Council Housing Corp., Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am the family member of a resident of Tower One and I want to express my support for Tower One in its plan to convert additional apartments in Tower One to assisted living apartments for the very low-income elderly in New Haven. I am especially enthusiastic about the plan to add an elevator to Tower One. A third elevator is much needed to ensure the life safety and well being of the residents who live here. I am pleased that Tower One has taken the initiative to submit a proposal to address both the need for affordable assisted living for people in the greater New Haven area and for an elevator.

Sincerely,



June 5, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Community Council Housing Corp., Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am the family member of a resident of Tower One and I want to express my support for Tower One in its plan to convert additional apartments in Tower One to assisted living apartments for the very low-income elderly in New Haven. I am especially enthusiastic about the plan to add an elevator to Tower One. A third elevator is much needed to ensure the life safety and well being of the residents who live here. I am pleased that Tower One has taken the initiative to submit a proposal to address both the need for affordable assisted living for people in the greater New Haven area and for an elevator.

Sincerely,



June 2, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Community Council Housing Corp., Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am a resident of Tower One and currently live in a classic apartment. I want to express my support for Tower One in its plan to convert additional apartments in Tower One to assisted living apartments for the very low-income elderly in New Haven. Additional assisted living apartments will provide me the opportunity to remain in Tower One should I need an assisted living unit in the future. I am especially enthusiastic about the plan to add an elevator to Tower One. A third elevator is much needed to ensure the life safety and well being of the residents who live here. I am pleased that Tower One has taken the initiative to submit a proposal to address both the need for affordable assisted living and for an elevator.

Sincerely,

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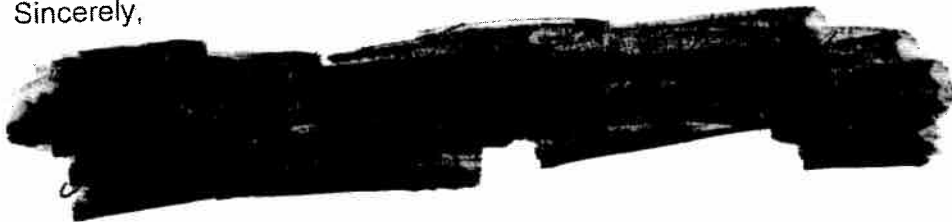
June 4, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Federation Housing Corp., Inc.  
Tower East  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am a resident of Tower East and I want to express my support for Tower East in its plan to convert apartments in this building to assisted living apartments for the very low-income elderly in New Haven, and to make other improvements in the building for the benefit and well being of the residents. Converting apartments to assisted living units will provide me with the opportunity to remain in Tower East should my needs change and an assisted living unit is necessary for my safety and well being. I am pleased that Tower East has taken the initiative to submit a proposal to address the needs of the low income residents who currently live in Tower East, and for the low income elderly residents in the greater New Haven area.

Sincerely,



June 2, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Community Council Housing Corp., Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am a resident of Tower One and currently live in a classic apartment. I want to express my support for Tower One in its plan to convert additional apartments in Tower One to assisted living apartments for the very low-income elderly in New Haven. Additional assisted living apartments will provide me the opportunity to remain in Tower One should I need an assisted living unit in the future. I am especially enthusiastic about the plan to add an elevator to Tower One. A third elevator is much needed to ensure the life safety and well being of the residents who live here. I am pleased that Tower One has taken the initiative to submit a proposal to address both the need for affordable assisted living and for an elevator.

Sincerely,

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June 5, 2008

Dorothy Giannini-Meyers  
New Haven Jewish Community Council Housing Corp., Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am the family member of a resident of Tower One and I want to express my support for Tower One in its plan to convert additional apartments in Tower One to assisted living apartments for the very low-income elderly in New Haven. I am especially enthusiastic about the plan to add an elevator to Tower One. A third elevator is much needed to ensure the life safety and well being of the residents who live here. I am pleased that Tower One has taken the initiative to submit a proposal to address both the need for affordable assisted living for people in the greater New Haven area and for an elevator.

Sincerely,



18 Tower Lane, Apt. [REDACTED]  
New Haven, CT 06519

June 8, 2008

Ms. Dorothy Giannini-Meyers  
New Haven Jewish Community Council  
Housing Corporation, Inc.  
Tower One  
18 Tower Lane  
New Haven, CT 06519

Dear Ms. Giannini-Meyers:

I am a resident of Tower One and currently live in a classic apartment. I want to express my support for Tower One in its plan to convert additional apartments in Tower One to assisted living apartments for the very low-income elderly in New Haven. Additional assisted living apartments will provide me the opportunity to remain in Tower One should I need an assisted living unit in the future. I am especially enthusiastic about the plan to add an elevator to Tower One. A third elevator is much needed to ensure the life safety and well being of the residents who live here. I am pleased that Tower One has taken the initiative to submit a proposal to address both the need for affordable assisted living and for an elevator.

Sincerely,

[REDACTED]  
Tower One Resident